

## **APPENDIX 5**

### ***Special Projects: Structured Estimation Group Meetings Framework***

**APPENDIX 5a**

**Special Projects Outline**

## Special Projects

- I. **Introductions**
- II. **Background/Overview (SB 2030 Project)**
  - Work measurement time study & Budget model
  - Special Studies/Best Practices
  - Today develop recommendations for the SB 2030 Advisory Committee
- III. **Is what you are doing in this area Best Practice?**
  - Has it been fully implemented in your county? in all counties in the state?
  - If not best practice, what needs to change to make it best practice?
  - Outcomes
  - Define the units of service and tasks
- IV. **More fully describe the special area of practice—Review Policy**
- V. **What will the improved process cost (cost of changes above current costs)**
  - Will it take more or less time?
  - Review time study data
  - How much more or less time?
- V. **Recommendations for future studies**
  - Time study with fewer participants
  - Another full time study similar to the 2030 just completed
  - Lab study of a few individuals doing the work as it should be done
  - Structured Estimation (quicker results and less intrusive, fewer staff)
  - Additional recommendations, beyond time study

## **APPENDIX 5b**

### **Summary of Wraparound Standards that Appear to Impact Workload**

## **Summary of California Wraparound Standards That Appear to Impact Workload**

**General Overview:** The five-year Wraparound Pilot, begun in 1998, "allows counties the flexible use of State foster Care dollars to provide eligible children with family-based service alternatives to group home care using Wraparound as the service alternative. Wraparound is a family-centered, strength-based, needs-driven planning process for creating individualized services and supports for children and their families." (CDSS ACIN 1-28-99, p.1)

**Core Wraparound Values:** Family-Centered, Needs-Driven, Unconditional, Accountable, Cost-effective, Comprehensive, Strengths-Based, Individualized, Community-Based, Accessible, Flexible, Collaborative, Consumer-Driven, Culturally Relevant, Team-Based, Outcome-Based, and Promoting Self-Sufficiency. (CDSS ACIN 1-28-99, Attachment II: SB 163 and Title IV-E Waiver Wraparound Standards, p. 1)

### **Program/Practice-Related Standards (Case-Related).**

Key components include:

- 1) *Assessment* of family safety, stabilization, crisis support needs, and strengths.
- 2) *Engaging families* in the creation of a written, proactive and reactive *family plan* that facilitates partnerships with families. The plan must be comprehensive, culturally sensitive, and maximize use of family skills and strengths. It must include *family-specific strategies* to utilize formal and informal, local, affordable, resources/ supports. The family plan must also be updated regularly and reflect transition planning for the child(ren) and family.
- 3) *Creation of a family team* (comprised of formal and informal supports) to participate in the provision, monitoring and evaluation of the individualized family plan.
- 4) Creation of a written description of the *service planning* process;
- 5) *Identification of goals and outcome indicators* with an implemented plan for tracking.
- 6) *Mechanisms* must be in place to support all of the above (e.g. mechanisms for promoting parent to parent support (PRO.5.3)). (Standards, pp. 4-8)

### **Education, Training, and Staff Development (Non-Case-Related).**

Key components include:

- 1) *Staff training* on family-centered care, parent/family-professional partnerships, assembling and participating on collaborative teams, engaging families in all aspects of planning, implementation, and evaluation of services and supports.
- 2) *Parent/family education* on being effective participants, leaders and informed decision makers in planning, designing service and support strategies, and participation in decision making at program, practice, and system levels of operations.
- 3) *Community and cross-systems education* for wraparound team members from other systems, staff alignment on service principles and practices, facilitation, by administrative staff, of cross-system problem solving, information sharing and decision making that engages families and communities. (Standards pp. 9-11)

### **Human Resources (Non Case-Related).**

Key components include:

- 1) *Facilitating organizational practice shift* to family centered service model where families are considered the experts; professionals act as facilitators, families make decisions rather than have them proscribed to them, formal and informal service strategies are individually tailored.
- 2) *Creation of mechanisms* that support staff recruitment, development and supervision that's aligned with the Wraparound principles. These mechanisms should promote staff flexibility, management and supervisory structures and methods that model the Wraparound approach on

## **Summary of California Wraparound Standards That Appear to Impact Workload**

a daily basis, and the establishment of a performance appraisal process for all levels of staff that reflect and support Wraparound care approaches. (Standards, pp. 12-13)

### **Fiscal (Case- and Non Case-Related)**

Key components include:

- 1) *Creation of mechanisms to ensure that staff have timely access to flexible funds.*
- 2) *Procedures for documenting and accounting for use of flexible dollars (including billable and on-billable supports).*
- 3) *Support for child and family team decision-making on resource allocation.*
- 4) *Mechanisms for access to flexible dollars that promote the utilization of community resources and the inclusion of informal supports to meet needs.* (Standards, pp. 14-15)

### **Evaluation and Outcomes (Case- and Non Case-Related)**

Key components include:

- 1) *Development of mechanisms to collect, manage, use, and compare over time process indicators, functional outcomes for children and families, satisfaction outcomes, and costs.*
- 2) *Involvement of families, key stakeholders and direct service staff in defining, selecting, and measuring quality indicators at the program and community levels.*
- 3) *Use of specified instruments (see Standards, p.17)*
- 4) *Involving families, individuals served, and other key stakeholders in assessing and interpreting the data utilized to improve performance over time.* (Standards, pp. 16-17)

### **Administration (Non Case Related)**

Key components include:

- 1) *Creation of an effective internal operational environment for the development and delivery of quality supports and services.* Areas include: a) policies and procedures; b) establishment of Wraparound philosophies of care; c) promotion of inclusive opportunities for families to take leadership roles within the org.; d) organizational decision-making strategies.
- 2) *Creation of an external structure and process that supports Wraparound by focusing on strategies for:* a) ensuring system-wide adoption of family-centered strategies; b) establishing policies and procedures that support family decision-making and flexible service delivery; and c) creating opportunities for families, public agency staff, service providers, and community members to work collaboratively in planning system supports for implementing Wraparound. (Standards, pp.18-20)

**APPENDIX 5c**

**Independent Living Policy Overview Document for Structured Estimation Focus Group**

## **Independent Living Policy Overview Document for Structured Estimation Focus Group**

Sources: 42 United States Code §675 & §677; California DSS Manual Letter No. CWS-99-01 §31-320.412 (a) (4); California DSS Manual of Policy and Procedures §31-525 and §31-205.47; CDSS Guidelines for the Independent Living Program (June 1999 draft); ACIN I-40-98, dated July 22, 1998, Subject: Independent Living Program; ACIN I-57-98, dated October 14, 1998, Subject: Independent Living Program (ILP) Strategic Planning Group; All County Letter 98-77, dated October 1, 1998, Subject: Independent Living Program (ILP) Annual Statistical Report (SOC 405 A).

**Note: The following is a listing of tasks that are required or are believed to be required by policy to carry out the Independent Living Services Program. Please also note that legislation currently pending in Congress (1099), the Foster Care Independence Act of 1999 (S. 1327, H.R. 1802) would expand the Independent Living Program, potentially requiring that more time and resources be applied to delivering these services. If there are any current additional tasks not reflected on the list, please add them and estimate time needed for completion.**

<b>TASKS (as derived from policy)</b>	<b>Potential Units of Service</b>	<b>Potential Tasks</b>
(Note: This task list presumes that the child or youth is already in a placement supervised by the Department at the time that Independent Living Program services begin.)		
<b>I. Determine Eligibility of Child/Youth for Independent Living Services (42 U.S.C. §677 and CDSS Guidelines for the Independent Living Program)</b>	821A, 822B, 991A, 992B, 821A, 823C, 401B, 402C, 501B, 502C, 601B, 602C	34
Task A: Determine if youth meets one of the following criteria for service eligibility: 1. Is age 16 or over and IV-E foster care maintenance payments are being made for youth 2. Is age 16 or over in foster care State (non-IV-E eligible) or otherwise under the responsibility of the State, including youth in kinship care receiving FR or PP services 3. Is a former foster youth who was in foster care after age 16 and is under age 21		
Task B: Determine the type of service for which the youth is eligible	821A, 823C	34,36
Task C: Assign to appropriate worker to develop & coordinate formal Independent Living Transitional Plan	822B, 882B	96,102
Other Tasks (Please specify):		
Other Tasks (Please specify):		
<b>II. Develop Written Independent Living Transitional Plan and Incorporate it Into Child/Youth's Case Plan (CDSS MPPS31-525.1 et.seq.)</b>	821A, 823C	
Task A: Meet with youth to develop transitional independent living plan that will help youth transition from foster care to independent living.	821A	17-20
Task B: Assess youth's needs to determine service options for independent living plan.	821A	36

# Independent Living Policy Overview Document for Structured Estimation Focus Group

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Independent Living Policy Overview Document for Structured Estimation Focus Group

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Task E: Visit child/youth as provided for in the child's case plan, but no less frequently than every 6 months, for the purpose of assuring youth's well-being and safety, assessing service effectiveness, maintaining a relationship point of continuity and stability for the youth, and soliciting the youth's input on his or her future. (CDSS MPP §31-320.11)	821A	17, 18
Task F: Obtain written supervisor approval if youth is visited at frequency of only once each 6 months. (CDSS MPP §31-320.412(a)(4))	821A	97, 133
Task G: If case is court-ordered, prepare for and attend court status review hearings and update case plan no less frequently than every 6 months. (CDSS MPP §31-230.11)	821A, 502C, 602C	45-49, 128
Other Tasks (Please Specify):		
<b>IV. Case Closure</b>		
Task A: Close case when youth successfully transitions to independent adult life and is self supporting, or when youth reaches age 21.	821A, 502C, 602C	
Other Tasks (Please Specify):		
<b>V. Administration of Independent Living Program</b>		
Task A: Develop Community Capacity to Support Youth in Independent Living Program.	822B, 884D, 885E	
Task B: Develop Written Plan for County-Specific Independent Living Program.	822B	90, 102
Task C: Coordinate Independent Living Program activities with other agencies, as appropriate (All County Letter No. 98-77)	822B, 884D	92
Task D: Participate in Independent Living Program Strategic Planning Group as appropriate (ACIN No. I-57-98)	822B, 882B	78, 90, 102
Task E: Provide for completion of the county's Independent Living Program Annual Statistical Report (All County Letter No. 98-77)	822B, 885E, 882B	84
Task F: Supervise contracts with outside providers of Independent Living services.	822B, 882B	102, 55, 78, 81, 90
Other Tasks (Please Specify):		
Other Tasks (Please Specify):		

**APPENDIX 5d**

**Child Welfare Services Structured Decision-Making Project**

## THE CHILD WELFARE SERVICES STRUCTURED DECISION-MAKING PROJECT

### I. Purpose

Every year in California, child welfare agencies receive thousands of reports alleging child maltreatment. These reports set in motion numerous actions intended to protect children and minimize the effects of maltreatment. These actions include, but are not limited to, screening and investigation of reports, assessments of child safety and risk, delivery of services to children and families, and case closure when child safety permits it.

Child maltreatment case assessments and decisions are made under difficult circumstances. The number of maltreatment cases is very large relative to the number of available child protective service (CPS) workers. Treatment and case management resources are scarce. As workload and time pressures increase, so does the potential for inconsistent and erroneous decision-making. The human consequences of error can be severe.

California's child protective service workers and managers do a good job working with tough cases under difficult circumstances. The Structured Decision-making (SDM) pilot project is designed to address the difficult problems described above and, thus, to aid child welfare professionals in their efforts to protect children. It is intended to foster positive evolution contributing to the already considerable strengths of California's child welfare service programs.

#### *Expected Overall Effect of SDM*

When properly implemented and supported, SDM will help ensure that families receive services appropriate for their levels of risk and identified needs by linking risk and needs assessments to service plans and actions taken in cases. SDM will assist in management of resources and provide agencies with management reports that can be used for monitoring, planning, and evaluation.

The basic strengths of this approach lie in its completeness, simplicity, utility, and the accountability it introduces. Based on research, jurisdictions that use SDM can be expected to have better outcomes for children than those that do not in a number of areas, including the following:

- *Higher rates of service provision for needs identified in case plans.*
- *Fewer new maltreatment reports and fewer new, substantiated maltreatment incidents on previously served cases.*
- *Fewer out-of-home placements subsequent to receipt of service, fewer subsequent child injuries, and fewer subsequent child injuries requiring medical treatment or hospitalization.*

## II. Counties Participating and Project Timeline

The project has attracted the active participation of seven counties: Los Angeles, Orange, San Bernardino, Santa Clara, Alameda, Sacramento, and Humboldt. These counties volunteered to begin the project and have participated in its development and research phases. A second group of counties have expressed an interest in learning more about SDM or have specifically requested to become active participants. These counties include Fresno, Kern, Lassen, Madera, Monterey, San Luis Obispo, Sutter, Trinity, Ventura, and Yuba.

The project began in January of 1998 and will span a period of 36 months. During the first year of the project, all SDM instruments and procedures have been developed, reviewed, and approved. During the first quarter of 1999, Humboldt and Orange counties have trained their staff and have implemented SDM. Other counties in the first group of seven counties will follow during the period of April through August. Counties in the second group that would like to pursue implementation of SDM will be oriented and trained on the process and tools beginning in the period of May through August, 1999.

## III. Structured Decision-Making (SDM) Model

### *Overview and System Components*

The pilot project is designed to bring added structure to decision-making, increase reliance on research in the assessment of risk of child maltreatment, and increase the amount of case information line staff and managers have available to do their jobs.

The components of the SDM project include the following:

- A response priority system for deciding whether to investigate reports and how quickly to investigate them;
- A safety assessment system to assess child safety at the time of investigation;
- Research-based risk assessment and reassessment systems to assess the potential for future maltreatment;
- Child and family strength and needs assessment and reassessment tools to identify critical family problems and help plan effective service interventions;
- A family reunification assessment tool to aid in deciding whether it is appropriate to return children home from foster care;
- A statement of prescribed service standards to identify amounts and kinds of service to be provided given risk of maltreatment recurrence, family strengths and needs, and other case information;

- A workload study and workload accounting system to improve workload management and resource allocation;
- Added management reporting capability to provide case assessment, case planning, case outcome, and workload data for program monitoring, planning, and evaluation during the project; and
- A process evaluation to assess the extent and quality of implementation of project components.

For assistance in creating and piloting the California SDM system, the State has contracted with the Children's Research Center (CRC), a division of the National Council on Crime and Delinquency (NCCD), headquartered in San Francisco, California. The NCCD and CRC have developed structured decision-making systems in the field of juvenile justice over the last several decades and in child welfare during the last 10 years. They are the only contracting organization in the country with extensive expertise and statewide experience implementing structured decision-making systems with research-based risk assessment.

#### ***Research-based Risk Assessment and Reassessment***

At the heart of the SDM project is research-based risk assessment/reassessment to assist workers in classifying CPS cases according to levels of risk of maltreatment recurrence. As part of the SDM project, staff from participating counties, working with the State SDM team and researchers from CRC have developed the California's Family Risk Assessment tool. This is a one-page assessment instrument developed by analyzing case characteristics known at case opening in relation to subsequent case outcomes during a two-year follow-up period using a 2500-case random sample from California project counties. Assessment results help decide whether cases are to be closed or opened to receive services. When a case is opened, the tool assists in determining how much case worker contact there will be with family members each month. Higher-risk cases get more intensive services.

#### ***Other Tools for Structured Decision-making***

As noted above, SDM includes an assessment and decision-making system for deciding which reports to investigate and how quickly to investigate. It also includes tools for assessing child safety, assessing child and family strengths and needs, and assessing the appropriateness of returning children home from foster care. The tools for making the foregoing assessments and decisions have been designed to ensure that reasonable principles of good CPS case decision-making are always followed. All tools for making assessments and decisions have been founded on sound principles of social casework applied to child welfare case management. All tools have been field tested by participating counties.

#### ***Discretionary and Policy Overrides in Structured Decision-making***

Good clinical judgment is an implicit requirement for the appropriate use of all the SDM instruments, definitions of terms, and procedures. The necessity of good clinical judgment is

also explicitly recognized by the inclusion of "discretionary overrides" in some SDM tools. These allow a child welfare worker to override assessment findings in light of unusual case characteristics or circumstances that arguably should be considered in decision-making, but are not included in the instruments because they occur only rarely. Discretionary overrides require supervisory approval.

In a similar vein, policy makers have decided that prescribed actions, defined in advance, should be taken in cases with certain unusual circumstances regardless of the assessment findings. To accommodate these judgments, the Response Priority tools and Family Risk Assessment include "policy overrides." A policy override causes the assessment finding for a case to be changed to a prescribed finding or level if a particular circumstance or characteristic has been observed in the case.

### *The Workload Analysis and Accounting System*

Under the SDM project, very high, high, medium, and low-risk cases will receive different amounts of service, with higher-risk cases receiving the most service and lower-risk cases receiving less. Amounts of service to be provided to higher and lower-risk cases are described in a statement of prescribed service standards developed by pilot counties, the State, and CRC, working in consultation. Under the project, *more staff time* will be required to provide service to higher-risk than to lower-risk cases.

As part of the project, the function of a workload analysis will be to find out how much time it takes to serve higher and lower-risk cases *at prescribed levels of service*. Information from this analysis can help ensure that case assignments are made in a way that takes into account the fact that higher risk cases need more service effort and will take more time. The workload analysis will provide the information necessary to ensure that individual child welfare workers are given the right amount of work to do—not too much and not too little—so they can provide children and families with the services needed, given the amount of risk there is to the children. The function of the workload accounting system will be to provide workload and caseload reports to child welfare staff and managers for use in assigning cases and managing resources.

### *Added Management Reporting Capability/Process Evaluation*

The SDM project has a number of components and principles that work in concert to produce desired results. These are such things as research-based risk assessment, service delivery in proportion to assessed risk, etc. We cannot reasonably expect the desired results (e.g., accurate assessments of risk, reduction in maltreatment recurrence, etc.) unless the project components actually have been implemented in a manner that is faithful to the principles of SDM.

The extent of proper implementation of SDM will be evaluated with a process evaluation that will answer such questions as whether case assessment and decision tools were used and used properly in managing cases, whether higher risk cases actually received more services, etc. This evaluation will help to identify problems in implementation so they can be overcome and will ultimately help ensure that SDM is properly implemented.

The primary vehicle for conducting this process evaluation will be an added management reporting capability that will be supplied by CRC during the project. Working with pilot counties and State staff, during the project CRC will set up and run a data collection and reporting system that will provide management reports, answering important questions about how the implementation of SDM is going. In addition to added management reporting, the process evaluation will also include the conduct of structured interviews with child welfare workers and supervisors and the collection of other concrete data on SDM implementation.

#### IV. Project Organization

To secure the benefits of SDM for California, a properly organized project that is responsive to the concerns of participating jurisdictions has been created. The organization of the project is as follows:

- Work groups of county line staff and first-line supervisors, State, and CRC staff were formed to develop the assessment tools and other project components described earlier.
- The products of the Work Groups are reviewed by a Core Team of county middle managers, State, and CRC staff.
- Pilot county agency directors serve as the project Executive Steering Committee. The role of this steering committee is to:
  - 1) establish general guidelines for system development and implementation;
  - 2) approve products of all Work Groups and the Core Team;
  - 3) establish guidelines for county policies and procedures;
  - 4) provide advice on project implementation; and
  - 5) establish project implementation schedules.

#### V. Project Staffing

As noted above, the vendor chosen to assist California with the project is the CRC, a division of NCCD, headquartered in San Francisco. Over the last 13 years, the CRC has developed risk assessment tools and other elements of SDM systems in the states of New York, Michigan, Indiana, Georgia, New Mexico, Oklahoma, Wisconsin, Rhode Island, and Alaska. CRC is currently working with the government of South Australia on development of an SDM system.

The CRC has been a national leader in risk assessment and SDM in child welfare as well as juvenile justice, a field in which they have practiced for more than 20 years. The CRC group is led by Chris Baird, Senior Vice President of NCCD, and includes NCCD technical experts and project consultants with broad experience in child welfare casework and program management.

Oversight of the project is within the Children's Services Operations Bureau, Nancy Stone, Chief. Will Johnson, Ph.D., is Director of Research for the project.

## **VI. For More Information**

- Counties interested in participating in the project may write to Del Sayles-Owen, Chief, Children's Services Branch, Children and Family Services Division, California Department of Social Services, 744 P Street, MS 19-83, Sacramento, California 95814.
- If you have questions, would like a briefing or presentation on SDM, or would like to obtain copies of project materials or results, you may contact Will Johnson or Javier Carrillo at (916) 445-2832.

## **APPENDIX 5e**

### **Summary of California Healthy Start Standards that Appear to Impact Workload**

## **Summary of California Healthy Start Standards That Appear to Impact Workload**

**General Overview:** The Healthy Start program, begun in 1991, is designed to allow for school-based delivery of services aimed at preventing, as well as remediating, child abuse and neglect. Practice, and the time required to carry out practice, may vary from county to county depending on what each county has chosen to include in its local Healthy Start program in collaboration with the Department of Education and other agencies.

**Core Value:** To foster interagency collaboration and communication at the local level to more effectively deliver support services to children and their families.

### **Standards:**

Key components include:

- 1) Grants available from the state level to fund local services consortiums for the delivery of school-based support services to children and their families, for schools with defined percentages of eligible children (those whose families receive AFDC/TANF funds, those who are eligible for reduced-price meals, or who have limited English proficiency).
- 2) Establishment of a state-level Healthy Start Support Services for Children Program Council, in which the Department of Social Services participates.
- 3) Local service consortiums to carry out the Healthy Start objectives.
- 4) Involvement of parents.
- 5) Services may include: health care (including immunizations, vision and hearing testing, dental services, exams, and prenatal care), mental health care (including primary prevention, crisis intervention, assessments, referrals, teacher training), substance abuse prevention and treatment, family support and parenting education (including child abuse prevention and school-age parenting programs), academic support services, counseling (including family counseling and suicide prevention), counseling for children who experience violence in their communities, nutrition services, youth development services, case management, and the provision of onsite Medi-Cal eligibility workers.
- 6) Assessment of the effectiveness of Healthy Start programs.

Reference: California Education Code, §§8803-8807, Welfare and Institutions Code §14067 (a) and §4383.

***APPENDIX 5f***

**Summary of California Health and Education Passport Standards that  
Appear to Impact Workload**

## **Summary of California Health & Education Passport Standards That Appear to Impact Workload**

**General Overview:** California law requires that health and education records for each child in foster care be included in the child's case plan and that these records be reviewed, updated, and supplied to the foster parent or other foster care provider each time that a child is placed in foster care or changes foster care placements. Since 1990, a summary of these records, in the form of a "health and education passport" or other format designed by the local child protective services agency was to be provided to foster caregivers. Legislation signed by Governor Davis on September 28, 1999 somewhat expands the requirements for information to be included in these records and specifies the details of what must be included in each summary (see below). (References: California Welfare and Institutions Code §16010 (a) – (d) (as amended by SB 543, chaptered 9/28/99, CDSS MPP 31-075.3(h), 31-206.35 through 31-206.352, 31-405.1 (k), and ACIN I-79-90 (Note – ACIN requested but not available)).

**Core Value:** Current health and education information must be included in each child's case record and health, mental health, and dental care needs of each child in out-of-home care must be met in a timely fashion.

**Program/Practice-Related Standards (Case-Related).**

Key components of the health and education summary that should be in each child's case plan include, but are not limited to:

- 1) Names and addresses of child's health, dental, and education providers;
- 2) Grade level performance;
- 3) Assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement;
- 4) A record of the child's immunizations and allergies;
- 5) The child's known medical problems;
- 6) The child's current medications;
- 7) Past health problems and hospitalizations;
- 8) A record of the child's relevant mental health history;
- 9) The child's known mental health condition and medications;
- 10) And any other relevant mental health, dental, health, and education information concerning the child determined to be appropriate by the Director of Social Services.

(Note: Any other provisions of law imposing more stringent requirements are also required to be met.)

*This health and education summary is required to be provided to the child's caretaker by the child protective services agency no later than 30 days after the initial placement of the child into foster care.*

*Child protection workers are also required to the following on each required visit to the child in care:*

- *Inquire whether there is new information to add to the summary.*
- *Update the summary within 48 hours of a change or placement or by the next court date.*
- *Assist the foster caregiver in obtaining necessary health and education information for the child.*
- *The court is to ensure that health and education information about the child's parents is obtained at the initial hearing in each case and provided to the child protection agency.*

**Administrative Standards (Non-Case-Related):**

Administrative support and reporting is required to ensure that case-level practice requirements in this area are carried out.

**APPENDIX 5g**

**Family Unity Meeting, Family Group Conference, Family Group Decision Making  
Overview**

## Family Unity Meeting, Family Group Conference, FGDM Overview

<b>TASKS</b>	<b>Potential Units of Service</b>	<b>Potential Tasks</b>
<b>I. Initial County FGDM Program Design</b>  Review models of FGDM Needs assessment Develop resources Educate and engage community stakeholders Establish policies and protocols (including referral criteria) Develop evaluation design Train staff	Family Maintenance, Family Reunification, Permanent Placement, Adoptions, ILP	84 Meetings, committees, task force activities, 90 Resource development, 96 Work planning and preparation
<b>II. Selection of Family/Referral to hold FGDM meeting</b>  Assess family for referral Complete referral paperwork Discuss referral with family	"	10 Case consultation, info sharing and case staffing, 12 Contacts with collaterals, 28-33 Direct contact with family, 36 Review of case history
<b>III. Preparation and planning for the FGDM meeting</b>  Ensure child's immediate safety Meet face-to-face with parents/guardians to obtain consent Work with family to develop list of individuals to be invited Define roles, educate family and professionals Help prepare statements (children, survivors, offenders) Manage unresolved family issues Coordinate logistics (day care, transportation, food, etc.)	"	12 Contact with collaterals, 16-21, Direct contact with child, 22-25 Direct contact with parents, 28-33 Direct contact with family, 53 Criminal background checks, 63 Parent relative search, 77 Client education, 78 Communication and training with other agencies, 96 Work planning and preparation

## Family Unity Meeting, Family Group Conference, FGDM Overview

<p><b>IV. Hold family meeting/conference</b></p> <p>Articulation of guidelines Presentation of statements, issues Configuration of group (may include family-only meeting) Presentation of decisions reached</p>	<p>“</p> <p>56 Family unity meeting/family group conference/family group decision making</p>
<p><b>V. Implementation/Follow-up</b></p> <p>Write up plan, distribute to family and others involved (may include presentation to the court)</p> <p>Link family to services/resources, as needed</p> <p>Monitor, review progress</p> <p>Evaluate program, evaluate client satisfaction</p>	<p>“</p> <p>15 Develop case plan, 16-21, Direct contact with child, 22-25 Direct contact with parents, 28-33 Direct contact with family</p>

*Note: This overview of Family Group Decision Making (FGDM) practice gives a preliminary listing of related workload units of service and tasks. General description of FGDM process compiled from: Innovations for children's Services for the 21<sup>st</sup> Century: Family Group Decision Making and Patch*

***APPENDIX 5h***

**Kin Placement Assessment Guidelines**

## Kin Placement Assessment Guidelines

Source: ACIN I-18-99, dated March 1, 1999, Subject: Assembly Bill (AB) 1544 Model Relative Assessment Guidelines

TASKS	Potential Units of Service	Potential Tasks
<b>I. Emergency Removal</b>		
Task A: Parent(s) are asked to identify preference for emergency relative placement.	204A- Dependency Investigation Activities, 301B- Investigation (ER), 302C- Court Intervention (ER), 400A- Investigation/New Allegation-FM, 500A- Investigation/New Allegation-FR, 600A- Investigation/New Allegation-PP, 705F- Assessment of Foster Homes (Relative/Kinship Homes), 900A- Investigation/New Allegation-A	53 Criminal background check (incl. fingerprints), 60 Kinship home development, 63 Parent/Relative search, 67 Placement search, 68 Translation/interpretation
Task B: Consider relatives who have come forward.	204A- Dependency Investigation Activities, 301B- Investigation (ER), 302C- Court Intervention (ER), 400A- Investigation/New Allegation-FM, 500A- Investigation/New Allegation-FR, 600A- Investigation/New Allegation-PP, 702C- Recruitment, Inquiries and Preliminary Screening of Licensed Foster Parents and Relative Homes, 705F- Assessment of Foster Homes (Relative/Kinship Homes), 900A- Investigation/New Allegation-A	60 Kinship home development, 63 Parent/Relative search, 67 Placement search
Task C: Ask children preference as appropriate.	204A- Dependency Investigation Activities, 301B- Investigation (ER), 302C- Court Intervention (ER), 400A- Investigation/New Allegation-FM, 500A- Investigation/New Allegation-FR, 600A- Investigation/New Allegation-PP, 705F- Assessment of Foster Homes (Relative/Kinship Homes), 900A- Investigation/New Allegation-A	16-21 Direct contact with child (all types of contact)
Other Tasks (Please specify):		

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Other Tasks (Please specify):			
<b>II. Emergency Placement</b>			
Task A: Follow Division 31 regulations (specified in 31-410.51-.53).	301B- Investigation (ER), 302C- Court Intervention (ER), 702C- Recruitment, Inquiries and Preliminary Screening of Licensed Foster Parents and Relative Homes, 705F- Assessment of Foster Homes (Relative/Kinship Homes)	301B- Investigation (ER), 302C- Court Intervention (ER), 702C- Recruitment, Inquiries and Preliminary Screening of Licensed Foster Parents and Relative Homes, 705F- Assessment of Foster Homes (Relative/Kinship Homes)	12 Contact with collaterals, providers, other resources, 17 Direct contact with child in field-case mgmt., 18 Direct contact with child in field-counseling, 23 Direct contact with parent in field-case mgmt., 24 direct contact with parent in field- counseling, 29 Direct contact with family in field-case mgmt., 30 Direct contact with family in field-counseling, 43 Work with out-of-home/substitute caregivers, 60 Kinship home development, 68 Translation/interpretation
Task B: Conduct home visit.	301B- Investigation (ER), 302C- Court Intervention (ER), 702C- Recruitment, Inquiries and Preliminary Screening of Licensed Foster Parents and Relative Homes, 705F- Assessment of Foster Homes (Relative/Kinship Homes)	301B- Investigation (ER), 302C- Court Intervention (ER), 702C- Recruitment, Inquiries and Preliminary Screening of Licensed Foster Parents and Relative Homes, 705F- Assessment of Foster Homes (Relative/Kinship Homes)	15 Develop case plan (Non-computer), 43 Work with out-of-home/ substitute caregivers, 55 Fiscal forms (Non-computer), 81 Forms completion (includes administrative and case-related), 82 Information and referral, 90 Resource development, 119 Forms completion and misc., 127 Placement
Task C: Complete <u>Emergency Placement with a Relative Assessment and Decision Form</u> giving consideration to relative/family strengths; needs and resources; and the agency services needed and identified to support them as caregivers.			53 Criminal background check (incl. fingerprints), 132 Reviewing
Task D: Complete CLETS and Child Abuse Index Check on relative and all adults living in the home.	702C- Recruitment, Inquiries and Preliminary Screening of Licensed Foster Parents and		

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	Relative Homes, 705F- Assessment of Foster Homes (Relative/Kinship Homes)	case/ referral history
Task E: Whenever a relative is assessed and determined not to be an appropriate placement, this information must be included in the CWS court report with the reason(s) for denial.	705F- Assessment of Foster Homes (Relative/Kinship Homes)	47 Court preparation (other than documents), 49 Preparation of court-related documents (non-CWS/CMS computer system)
Task F: Advise parent(s) they will be asked to compile a list of names, addresses, and phone numbers of maternal and paternal relatives.	705F- Assessment of Foster Homes (Relative/Kinship Homes)	22-27 Direct contact with parent (all types of contact)
Task G: Execute <u>Emergency Placement with a Relative Agreement.</u>	705F- Assessment of Foster Homes (Relative/Kinship Homes)	28-33 Direct contact with family (all types of contact), 59 Health, Mental Health, & Education Services (includes Health & Education Passport), 66 Placement of child (non-CWS/CMS), 81 Forms completion (includes administrative and case-related)
Other Tasks (Please specify):		
Other Tasks (Please specify):		
<b>III. At The Time Of The Detention Hearing</b>		
Task A: Explain to the Court why the emergency placement was chosen.	705F- Assessment of Foster Homes (Relative/Kinship Homes)	45 Court appearance/ testimony, 47 Court preparation (other than documents)
Task B: Provide form for parent to complete, including list of names, addresses, and phone numbers of all relatives and their preferences for placement.	705F- Assessment of Foster Homes (Relative/Kinship Homes)	22-27 Direct contact with parent (all types of contact), 45 Court appearance/ testimony
Other Tasks (Please Specify):		
Other Tasks (Please Specify):		

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<b>IV. After Detention Hearing And Prior To The Dispositional Hearing</b>		
Task A: Initiate Assessment of Child (Division 31 regulations).	705F- Assessment of Foster Homes (Relative/Kinship Homes)	16-21 Direct contact with child (all types of contact), 38 Risk Assessment, 39 Safety Assessment
Task B: Identify and Select Relatives for assessment in the following order: 1) Legally preferred; 2) child's preference; 3) Parent's preference	705F- Assessment of Foster Homes (Relative/Kinship Homes)	43 Work with out-of-home/ substitute caregivers , 53 Criminal background check (incl. fingerprints), 60 Kinship home development, 63 Parent/Relative search, 67 Placement search
Task C: Contact relative(s) by phone and whenever possible invite to family conference to determine their willingness to care for the child.	705F- Assessment of Foster Homes (Relative/Kinship Homes)	28-33 direct contact with family (all types of contact), 43 Work with out-of-home/substitute caregivers, 36 Review of case history , 37 Review of case records – peer & supervisory, 43 Work with out-of-home/substitute caregivers, 53 Criminal background check (incl. fingerprints), 60 Kinship home development, 63 Parent/Relative search, 67 Placement search
Task D: Selection of relatives to assess is based upon: 1) Their willingness; 2) An established relationship; 3) Their proximity.	705F- Assessment of Foster Homes (Relative/Kinship Homes)	43 Work with out-of-home/ substitute caregivers 60 Kinship home development, 63 Parent/ Relative search, 67 Placement search
Task E: Conduct home assessment	705F- Assessment of Foster Homes (Relative/Kinship Homes)	60 Kinship home development, 63 Parent/Relative search, 67 Placement search
Task E.1: A minimum of one in-home assessment must be done prior to placing the child(ren) long term in relative's home.	705F- Assessment of Foster Homes (Relative/Kinship Homes)	60 Kinship home development, 63 Parent/Relative search, 67 Placement search
Task E.2: Complete <u>Non-Emergency Placement with a</u>	705F- Assessment of Foster Homes	15 Develop case plan (Non-

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<b>Relative Assessment Part I and II</b> giving consideration to their strengths and resources; identify agency services and community supports needed to enhance relative's capacity to provide a safe home.	(Relative/Kinship Homes)	computer), 81 Forms completion (includes administrative and case-related), 112 Case plan, 113 Case Plan (Bilingual/Multilingual)
Task E.3: Whenever a relative is assessed and determined not to be an appropriate placement, this information must be included in the CWS court report with the reason(s) for denial.	705F- Assessment of Foster Homes (Relative/Kinship Homes)	47 Court preparation (other than documents), 49 Preparation of court-related documents (non-CWS/CMS computer system)
Task F: Complete CLETS and Child Abuse Index Check on relative and all other adults living in the home.	705F- Assessment of Foster Homes (Relative/Kinship Homes)	53 Criminal background check incl. fingerprints), 132 Reviewing case/ referral history
Other Tasks (Please Specify):		
Other Tasks (Please Specify):		
<b>V. Match the Child(ren)'s Needs With The Capacity Of The Assessed Relative(s)</b>		
Task A: The conditions of abuse/neglect that led to removal from the parent(s).	705F- Assessment of Foster Homes (Relative/Kinship Homes)	10 Case consultation, info. sharing & case staffing, 15 Develop case plan (Non-computer), 52 Case recording/case dictation (non-CWS/CMS)
Task B: The results of the child assessment (child's needs: medical, mental health, educational, financial support, emotional).	705F- Assessment of Foster Homes (Relative/Kinship Homes)	10 Case consultation, info. sharing & case staffing, 15 Develop case plan (Non-computer), 52 Case recording/case dictation (non-CWS/CMS)
Task C: The relative's willingness and ability to place the child with, and/or arrange visits with siblings.	705F- Assessment of Foster Homes (Relative/Kinship Homes)	10 Case consultation, info. sharing & case staffing, 15 Develop case plan (Non-computer), 43 Work with out-of-home/ substitute caregivers, 52 Case recording/case dictation (non-CWS/CMS)
Task D: The results of the home assessment, and	705F- Assessment of Foster Homes	10 Case consultation, info. sharing

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CLETS and Child Abuse Index Check on other adults living in the home.	(Relative/Kinship Homes)	& case staffing, 15 Develop case plan (Non-computer), 52 Case recording/case dictation (non-CWS/CMS)
Task E: The relative's statement of what he/she needs to ensure the safety and well-being of the child(ren).	705F- Assessment of Foster Homes (Relative/Kinship Homes)	10 Case consultation, info. sharing & case staffing, 15 Develop case plan (Non-computer), 28-33 direct contact with family (all types of contact), 43 Work with out-of-home/ substitute caregivers, 52 Case recording/case dictation (non-CWS/CMS)
Task F: The agency's ability and willingness to provide needed services and supports.	705F- Assessment of Foster Homes (Relative/Kinship Homes)	10 Case consultation, info. sharing & case staffing, 15 Develop case plan (Non-computer), 52 Case recording/case dictation (non-CWS/CMS)
Other Tasks (Please Specify):		
Other Tasks (Please Specify):		
<b>VI. Assess the Ability of the Relative(s) To Work With The Case Plan</b>		
Task A: The relative's understanding of and ability to comply with ordered visits and reunification actions.	705F- Assessment of Foster Homes (Relative/Kinship Homes)	10 Case consultation, info. sharing & case staffing, 15 Develop case plan (Non-computer), 28-33 direct contact with family (all types of contact), 43 Work with out-of-home/ substitute caregivers, 52 Case recording/case dictation (non-CWS/CMS)
Task B: The relative's statement of what he/she needs to ensure the safety and well-being of the child(ren).	705F- Assessment of Foster Homes (Relative/Kinship Homes)	10 Case consultation, info. sharing & case staffing, 15 Develop case plan (Non-computer), 28-33 direct contact with family (all types of contact), 43 Work with out-of-home/ substitute caregivers, 52

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		Case recording/case dictation (non-CWS/CMS)
Task C: The agency's ability and willingness to provide needed services and supports.	705F- Assessment of Foster Homes (Relative/Kinship Homes)	10 Case consultation, info. sharing & case staffing, 15 Develop case plan (Non-computer), 52 Case recording/case dictation (non-CWS/CMS)
Other Tasks (Please Specify):		
Other Tasks (Please Specify):		
<b>VII. After Assessment Is Completed</b>		
Task A: Confirm current placement or move child from the emergency relative placement or from the emergency shelter placement.	705F- Assessment of Foster Homes (Relative/Kinship Homes)	28-33 direct contact with family (all types of contact), 43 Work with out-of-home/ substitute caregivers, 66 Placement of child (non-CWS/CMS), 67 Placement search
Task B: Complete the <i>Non-Emergency Placement With A Relative: Decision</i> Form and attach it to the <i>Comprehensive Assessment for Non-Emergency Placement With A Relative</i> Form for retention in the file.	705F- Assessment of Foster Homes (Relative/Kinship Homes)	28-33 direct contact with family (all types of contact), 43 Work with out-of-home/ substitute caregivers, 52 Case recording/case dictation (non-CWS/CMS), 81 Forms completion (includes administrative and case-related), 88 Photocopying
Task C: Complete the <i>Non-Emergency Placement With A Relative: Agreement</i> .	705F- Assessment of Foster Homes (Relative/Kinship Homes)	15 Develop case plan (Non-computer), 28-33 direct contact with family (all types of contact), 43 Work with out-of-home/ substitute caregivers, 52 Case recording/case dictation (non-CWS/CMS), 60 Kinship home development
Other Tasks (Please Specify):		
Other Tasks (Please Specify):		

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VIII. Assess Relative's Ability to Provide Legal Permanence	
Task A: The relative's willingness to parent permanently; assess factors believed to be necessary for relative to assume parenting role.	705F- Assessment of Foster Homes (Relative/Kinship Homes), 9011B  38 Risk Assessment, 39 Safety Assessment, 43 Work with out-of-home/ substitute caregivers, 60 Kinship home development
Task B: The relative's willingness/ability to parent permanently through adoption or guardianship.	705F- Assessment of Foster Homes (Relative/Kinship Homes)  28-33 direct contact with family (all types of contact), 43 Work with out-of-home/substitute caregivers, 60 Kinship home development
Task C: Any barrier(s) to relative adoption or guardianship.	705F- Assessment of Foster Homes (Relative/Kinship Homes)  43 Work with out-of-home/ substitute caregivers , 60 Kinship home development
Task D: Whenever a relative is assessed and determined not to be an appropriate placement, this information must be included in the CWS court report with the reason(s) for denial.	705F- Assessment of Foster Homes (Relative/Kinship Homes)  128 Preparation of court related documents
Task E: The relative's contingency plans for care of the minor in the event of death or incapacitation of the relative.	705F- Assessment of Foster Homes (Relative/Kinship Homes)  15 Develop case plan (Non-computer), 28-33 direct contact with family (all types of contact), 43 Work with out-of-home/substitute caregivers
Other Tasks (Please Specify):	
Other Tasks (Please Specify):	